

## **HEALTH CHECK AGREEMENT BETWEEN PRIMARY CARE PROVIDER (PCP) AND THE LOCAL HEALTH DEPARTMENT**

For recipients of Medicaid, birth to age 21, the Health Check Medical Screening Exam is required as a comprehensive preventive service at an age appropriate recommended schedule. It is the only reimbursable preventive medical service for this age group. There are numerous components of the health check exam, all of which are required in the Federal Early Periodic Screening Diagnosis and Treatment (EPSDT) program. All age appropriate components must be performed at the time of a screening exam. These components are listed and described in the attached document “Health Check Screening Components.”

### **WHAT IS AN AGREEMENT FOR HEALTH CHECK?**

**If a Carolina ACCESS PCP cannot or chooses not to perform the comprehensive health check screenings, this agreement allows the PCP to contract with the Health Department serving the PCP’s county to perform the screenings for enolleees in the birth to 21 year age group.**

The agreement requires the following:

- The Health Department must provide the results of the exam to the PCP within 30 days unless follow-up is necessary, in which case, the Health Department must communicate the results of the screening within 24 hours.
- The PCP is required to coordinate any necessary treatment or follow-up care as determined by the screening.
- Under this agreement, the health department must perform all health check components at the time of the appointment unless circumstances require an appointment be rescheduled.

If the PCP chooses to utilize this agreement in order to meet this Carolina ACCESS requirement for participation, the agreement containing the original signatures of the PCP or the authorized representative and the Director of the Health Department or an authorized representative must be submitted to the Division of Medical Assistance (DMA). The PCP must keep a copy of this agreement on file.

This agreement can be entered into or terminated at any time by the PCP or the Health Department. DMA must be notified immediately of any change in the status of the agreement.

Questions regarding this agreement or health check requirements can be made to DMA Managed Care at 919-857-4022 or by contacting the regional Managed Care Consultant.

AGREEMENT BETWEEN PRIMARY CARE PROVIDER AND HEALTH DEPARTMENT TO  
PROVIDE HEALTH CHECK SERVICES TO CAROLINA ACCESS PATIENTS

In order to provide coordinated care to those children who are enrolled in Carolina ACCESS and obtain primary care services from \_\_\_\_\_ and Health Check services and immunizations from \_\_\_\_\_ County Health Department (CHD), the undersigned agree to the following provisions.

**Primary Care Provider agrees to:**

1. Refer Carolina ACCESS patients to the CHD for Health Check appointments. If the patient is in the office, the physician/office staff will assist the patient in making a Health Check appointment with the CHD.
2. Maintain, in the office, a copy of the physical examination and immunization records as a part of the patient's permanent record.
3. Monitor the information provided by the CHD to assure that children in the Carolina ACCESS program are receiving immunizations as scheduled and counsel patients appropriately if they are noncompliant with well child visits or immunizations.
4. Review information provided by the CHD and follow up with patients when additional services are needed.
5. Provide the Division of Medical Assistance Managed Care Section at least thirty (30) days advance notice if the Primary Care Provider (PCP) and/or the CHD wishes to discontinue this Agreement.

**The Health Department agrees to:**

1. Provide age appropriate Health Check examinations and immunizations within ninety (90) days of the request for patients who are referred by the PCP or are self-referred.
2. Send Health Check physical examination and immunization records monthly to the Primary Care Provider.
3. Notify the Primary Care Provider of significant findings on the Health Check examination within twenty-four (24) hours. Allow the Primary Care Provider to direct further referrals for specialized testing or treatment.
4. Provide the Division of Medical Assistance Managed Care Section thirty (30) days advance notice if the Primary Care Provider and/or the CHD wishes to discontinue this Agreement.

\_\_\_\_\_  
Signature of Primary Care Provider or Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCP Medicaid Provider #

\_\_\_\_\_  
Printed Name of Provider or Authorized Official

\_\_\_\_\_  
Provider Group Name (if applicable)

\_\_\_\_\_  
Signature of Health Department Director/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Health Department Director/Designee

\_\_\_\_\_  
Health Dept. Provider Number

cc: DMA, Managed Care Section, Program Administrator

(7/98)